



**Department of the Treasury**  
Federal Law Enforcement Agencies  
**PROCESS RECEIPT AND RETURN**

PLAINTIFF <b>United States of America</b>		COURT CASE NUMBER <b>2:21-CV-02353-JAM-DB</b>	
DEFENDANT <b>Approximately 10.19321397 Bitcoin</b>		TYPE OF PROCESS <b>Service</b>	
<b>SERVE  AT</b>	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE <b>Caroline Hepworth</b>		
	ADDRESS (Street or RFD, Apartment No., City, State and Zip Code) <b>246 Schlaf Drive, Oroville, CA 95965</b>		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW <b>U.S. Attorney's Office Attn: T. Teglia 501 I Street, Suite 10-100 Sacramento, CA 95814</b>		NUMBER OF PROCESS TO BE SERVED IN THIS CASE	
		NUMBER OF PARTIES TO BE SERVED IN THIS CASE	
		CHECK BOX IF SERVICE IS ON USA	
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Includes Business and Alternate Addresses, Telephone Numbers, and Estimated Times Available For Service) <b>Please personally serve Caroline Hepworth at the above address with copies of the complaint, application and order for publication, warrant for arrest, order requiring service of process and joint status report, order re filing requirements, notice of availability of a magistrate judge, notice of availability of voluntary dispute resolution, and notice of forfeiture action.</b>			
Signature of Attorney or other Originator requesting service on behalf of <b>Tammy Teglia</b>		<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NO. <b>Tammy (916) 554-2768</b>
SIGNATURE AND DATE OF PERSON ACCEPTING PROCESS <b>Caron Hahn 01.19.2022</b>		DATE <b>1/6/2022</b>	
<b>SPACE BELOW FOR USE OF TREASURY LAW ENFORCEMENT AGENCY</b>			
I acknowledge receipt for the total number Of process indicated	District of Origin No.	District to Serve No.	SIGNATURE OF AUTHORIZED TREASURY AGENCY OFFICER.  <b>Kevin Rapp, Special Agent USSS</b>
I HEREBY CERTIFY AND RETURN THAT I <input checked="" type="checkbox"/> PERSONALLY SERVED, <input type="checkbox"/> HAVE LEGAL EVIDENCE OF SERVICE, <input type="checkbox"/> HAVE EXECUTED AS SHOWN IN "REMARKS", THE PROCESS DESCRIBED ON THE INDIVIDUAL, COMPANY, CORPORATION, ETC., AT THE ADDRESS SHOWN ABOVE OR ON THE ADDRESS INSERTED BELOW			
<input type="checkbox"/> I HEREBY CERTIFY AND RETURN THAT I AM UNABLE TO LOCATE THE INDIVIDUAL, COMPANY, CORPORATION, ETC NAMED ABOVE.			
NAME & TITLE OF INDIVIDUAL SERVED IF NOT SHOWN ABOVE:		<input type="checkbox"/> A person of suitable age and discretion then residing In the defendant's usual place of abode.	
ADDRESS: (Complete only if different than shown above)		DATE OF SERVICE <b>1-19-22</b>	TIME OF SERVICE <b>2:52</b> <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM
REMARKS:			